

2011 Georgia EMS Instructor Update ALL LICENSED EMS INSTRUCTORS

Georgia Department of Community Health
Section of Emergency Preparedness and Response
OEMST



UPDATE FOR ALL LICENSED EMS INSTRUCTORS

CAUTION!!!

- You should have taken the **2011 Georgia Scope of Practice Update** prior to doing this instructor update.



UPDATE FOR ALL LICENSED EMS INSTRUCTORS

Why the change?

- To facilitate implementation of the National EMS Education Agenda for the Future
- Approved by EMSAC and EMSMDAC



UPDATE FOR ALL LICENSED EMS INSTRUCTORS

Old Levels vs. New Levels (for initial education)

OLD LEVELS

- First Responder
- EMT-Basic
- EMT-Intermediate/1985
- EMT-Paramedic

NEW LEVELS

- EMR
- EMT
- Advanced EMT
- Paramedic



UPDATE FOR ALL LICENSED EMS INSTRUCTORS

Notes on Levels

- Each level builds on previous levels
- Each level includes all information from previous levels plus additional information



UPDATE FOR ALL LICENSED EMS INSTRUCTORS

When does this start?

- New Scope is available as of 7/1/2011
- All initial education programs that start on or after 1/1/2012 will be **REQUIRED** to use the new Education Standards



UPDATE FOR ALL LICENSED EMS INSTRUCTORS

Current Level	New Level
NREMT First Responder	Emergency Medical Responder (NREMR)
NREMT-Basic (NREMT-B)	Emergency Medical Technician (NREMT)
NREMT-Intermediate/85 (NREMT-I/85)	Advanced Emergency Medical Technician (NRAEMT)
NREMT-Intermediate/99 (NREMT-I/99)	
NREMT-Paramedic (NREMT-P)	Paramedic (NRP)

- FROM:
http://www.nremt.org/nremt/downloads/Newsletter_2011.pdf

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UPDATE FOR ALL LICENSED EMS INSTRUCTORS

What about the NREMT Exam?

- OLD Exams:**
 - NREMT First Responder exam ends on 12/31/2011
 - NREMT-Basic exam ends on 12/31/2011
 - NREMT-I/1985 exam ends on 3/31/2013
 - NREMT-P exam ends on 12/31/2012
- NEW Exams:**
 - NREMR exam begins 1/1/2012
 - NREMT exam begins 1/1/2012
 - NRAEMT exam begins 6/1/2011
 - NRP exam begins 1/1/2013

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UPDATE FOR ALL LICENSED EMS INSTRUCTORS

Say Goodbye to I/1985??

- For NREMT?
 - Yes, last date to get new is 3/31/2013
 - For those currently at NREMT-I/1985 level, they must upgrade to AEMT level by 3/31/2018 (to maintain NREMT certification)
- For new licenses in GA?
 - After 6/30/2012, yes!
- For current GA I/1985s?
 - No, they can renew their I/1985 license, but are encouraged to upgrade to AEMT or go to Paramedic School

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UPDATE FOR ALL LICENSED EMS INSTRUCTORS

Other NREMT Transitions

- Current NREMT First Responders must transition to NREMR by 9/30/2016
- Current NREMT-Basics must transition to NREMT by 3/31/2016
- Current NREMT-Paramedics must transition to NRP by 3/31/2017

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UPDATE FOR ALL LICENSED EMS INSTRUCTORS

WHAT DOES AN INSTRUCTOR NEED TO DO TO UPGRADE INSTRUCTOR LICENSE?

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UPDATE FOR ALL LICENSED EMS INSTRUCTORS

Instructor Updates Required

- FIRST:** Scope of Practice Update
 - Take test on EMS Classroom by 12/31/2011
- THEN:**
 - Provider Update – available by 7/1/2011
 - Update required by 12/31/2011
 - Instructor Update – this presentation
 - Take test on EMS Classroom by 12/31/2011

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UPDATE FOR ALL LICENSED EMS INSTRUCTORS

Provider Updates for Instructors

- Level II Instructors that are EMT-I/1985s must update to AEMT provider level (by 12/31/2011)



UPDATE FOR ALL LICENSED EMS INSTRUCTORS

Just FYI

Current Georgia
Licensure
Numbers as of
3/2/2011

	Other	EMT- Basic	EMT- I/85	CT	EMT-P	TOTAL
Total Providers	n/a	606	10065	58	6183	16912
Level I Instructors	1	0	40	0	44	85
Level II Instructors	1	1	7	1	245	255
Level III Instructors	1	0	1	0	128	130
Total Instructors	3	1	48	1	417	470



UPDATE FOR ALL LICENSED EMS INSTRUCTORS

**I AM CURRENTLY TEACHING A
PROGRAM THAT WILL FINISH AFTER
1/1/2012, WHAT DO I DO?**



UPDATE FOR ALL LICENSED EMS INSTRUCTORS

When will they finish?

- After 1/1/2012, but before 6/30/2012:
 - Choice of NREMT-I/1985 exam or NRAEMT exam
 - If you choose to go the NRAEMT route (**recommended**)
 - Begin teaching the NRAEMT program (instead of Intermediate/1985) OR
 - Finish teaching the Intermediate/1985 program and then update to the AEMT level, then test at NRAEMT



UPDATE FOR ALL LICENSED EMS INSTRUCTORS

EDUCATION STANDARDS



UPDATE FOR ALL LICENSED EMS INSTRUCTORS

Georgia EMS Education Standards

- These are in progress, but will be based on the National EMS Education Standards



UPDATE FOR ALL LICENSED EMS INSTRUCTORS

ES vs NSC

- Education Standards
 - Broad
 - Can be taught in multiple ways
- National Standard Curricula
 - Very prescriptive



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UPDATE FOR ALL LICENSED EMS INSTRUCTORS



NATIONAL EMERGENCY MEDICAL SERVICES EDUCATION STANDARDS



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UPDATE FOR ALL LICENSED EMS INSTRUCTORS

Table 2: Format of National EMS Education Standards

	EMR	EMT	AEMT	Paramedic
Content Area	Competency	Competency	Competency	Competency
Elaboration of Knowledge	Additional knowledge related to the competency	Additional knowledge related to the competency	Additional knowledge related to the competency	Additional knowledge related to the competency
	Clinical behaviors and judgments	Clinical behaviors and judgments	Clinical behaviors and judgments	Clinical behaviors and judgments
	Educational Infrastructure	Educational Infrastructure	Educational Infrastructure	Educational Infrastructure



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UPDATE FOR ALL LICENSED EMS INSTRUCTORS

Example

	EMR	EMT	AEMT	Paramedic
Preparatory	Uses simple knowledge of the EMS system, safety/well-being of the EMT, medical/legal issues at the scene of an emergency while awaiting a higher level of care.	Applies fundamental knowledge of the EMS system, safety/well-being of the EMT, medical/legal and ethical issues to the provision of emergency care.	Applies fundamental knowledge of the EMS system, safety/well-being of the EMT, medical/legal and ethical issues to the provision of emergency care.	Integrates comprehensive knowledge of EMS systems, the safety/well-being of the paramedic, and medical/legal and ethical issues which is intended to improve the health of EMS personnel, patients, and the community.
EMS Systems	Simple depth, simple breadth <ul style="list-style-type: none"> • EMS systems • Roles/responsibilities/professionalism of EMS personnel • Quality improvement 	EMR Material PLUS: Simple depth, foundational breadth <ul style="list-style-type: none"> • EMS systems • History of EMS • Roles/responsibilities/professionalism of EMS personnel • Quality improvement • Patient safety 	EMT Material PLUS: Fundamental depth, foundational breadth <ul style="list-style-type: none"> • Quality improvement • Patient safety 	AEMT Material PLUS: Fundamental depth, foundational breadth <ul style="list-style-type: none"> • History of EMS • Complex depth, comprehensive breadth • EMS systems • Roles/responsibilities/professionalism of EMS personnel • Quality improvement • Patient safety



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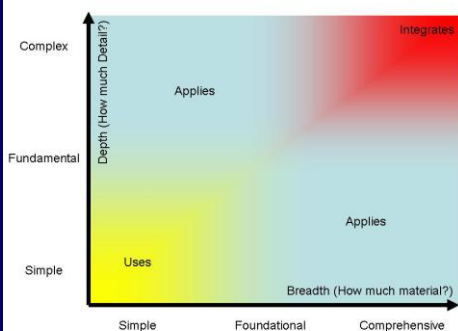
Depth and Breadth

	EMR	EMT	AEMT	Paramedic
Preparatory	Uses simple knowledge of the EMS system, safety/well-being of the EMT, medical/legal issues at the scene of an emergency while awaiting a higher level of care.	Applies fundamental knowledge of the EMS system, safety/well-being of the EMT, medical/legal and ethical issues to the provision of emergency care.	Applies fundamental knowledge of the EMS system, safety/well-being of the EMT, medical/legal and ethical issues to the provision of emergency care.	Integrates comprehensive knowledge of EMS systems, the safety/well-being of the paramedic, and medical/legal and ethical issues which is intended to improve the health of EMS personnel, patients, and the community.
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References

- Following graphics and information obtained from:
- <http://www.nasemso.org/EMSEducationImplementationPlanning/documents/DepthandBreadthandotherfuzzythings.pdf>

And

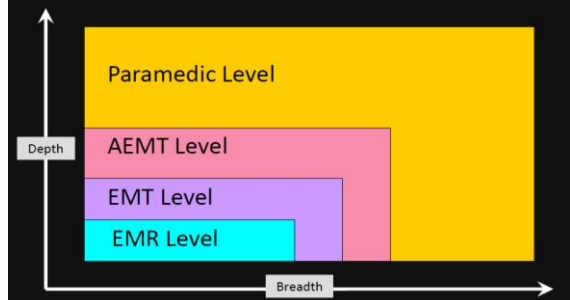
- <http://www.nasemso.org/EMSEducationImplementationPlanning/documents/CommentsDepthandBreadthHandout.pdf>



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UPDATE FOR ALL LICENSED EMS INSTRUCTORS

Increasing Depth and Breadth



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UPDATE FOR ALL LICENSED EMS INSTRUCTORS

Depth and Breadth

- “Depth of knowledge is the amount of detail a student needs to know about a particular topic.”
- “Breadth of knowledge refers to the number of topics or issues a student needs to learn in a particular competency.”

National EMS Education Standards, page 9



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Depth

- *Depth* increases as certification level increases
- More detail at higher levels
- Depth Descriptors
 - Simple
 - Fundamental
 - Complex



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Simple Depth

- **Simple** - “elementary; plain”
- Application to the Standards: A simple breadth and depth provides the medical professional with a **baseline from which they can assess and treat basic emergencies, including the initial treatment of immediate life threats.**



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Fundamental Depth

- **Fundamental** - “A leading or primary principle, ...which serves as the groundwork of a system; essential part”
- Application to the Standards: A fundamental depth provides the **additional detail on given topics to provide a solid foundation for patient care.** This level of depth allows a medical professional to move past the basics of recognizing and treating immediate life threats and assess and treat more complicated medical emergencies.



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Complex Depth

- **Complex** - “Consisting of interconnected or interwoven parts; composite”
- Application to the Standards: A complex depth provides the **greatest level of detail for any given topic**. Included within the concept of a complex depth is also the interrelation of varied topics and the ability to integrate the full scope of knowledge in planning and implementing patient care plans.



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UPDATE FOR ALL LICENSED EMS INSTRUCTORS

Increasing Depth = More Detail



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Breadth

- *Breadth* increases as certification level increases
- More topics or issues
- Breadth Descriptors
 - Simple
 - Foundational
 - Comprehensive



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UPDATE FOR ALL LICENSED EMS INSTRUCTORS

Simple Breadth

- Simple - “elementary; plain”
- Application to the Standards: A simple breadth and depth provides the medical professional with a **baseline from which they can assess and treat basic emergencies, including the initial treatment of immediate life threats**.



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Foundational Breadth

- Foundational - “[Of] the fundamental principle on which something is founded; basis”
- Application to the Standards: A foundational breadth **covers the number of topics needed to reasonably assess and treat a majority of medical emergencies**, building on the simple breadth to expand the medical professional’s knowledge beyond the treatment of only immediate life threats.



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Comprehensive Breadth

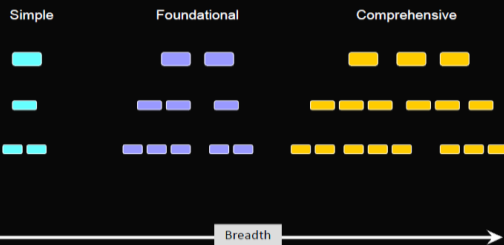
- Comprehensive - “Including much; comprising many things; having a wide scope or a full view”
- Application to the Standards: A comprehensive breadth covers the **greatest number of topics** allowing an emergency medical professional to fully assess a patient and determine both what the patient’s emergency is and how best to treat it.



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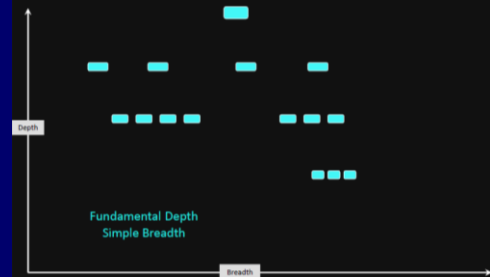
Increasing Breadth = More topics or Issues



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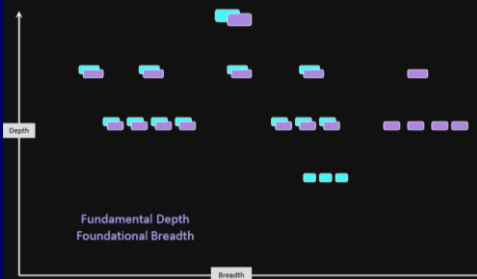
Airway Management, Airway Anatomy Emergency Medical Responder



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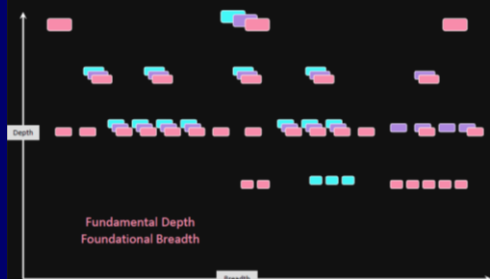
Airway Management, Airway Anatomy Emergency Medical Technician



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Airway Management, Airway Anatomy Advanced Emergency Medical Technician



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UPDATE FOR ALL LICENSED EMS INSTRUCTORS

Airway Management, Airway Anatomy Paramedic



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Georgia EMS Education Standards

- Required for initial education programs
- Will be promulgated prior to 7/1/2011



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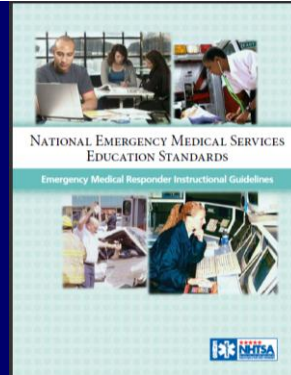
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INSTRUCTIONAL GUIDELINES



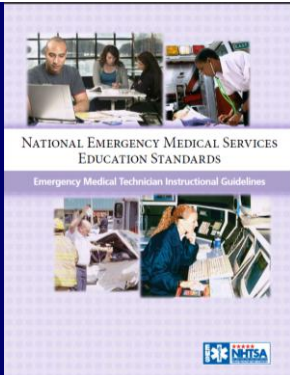
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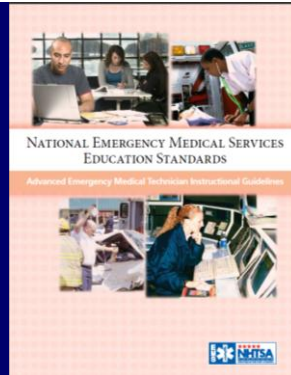
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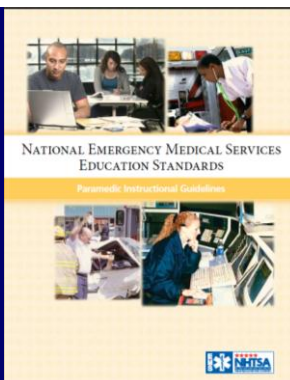
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New Documents

- National EMS Education Standards = 80 pages
- EMR Instructional Guidelines = 129 pages
- EMT Instructional Guidelines = 214 pages
- AEMT Instructional Guidelines = 151 pages
- Paramedic Instructional Guidelines = 387 pages



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	EMR	EMT	AEMT	Paramedic
Preparatory	Uses simple knowledge of the EMS system, safety/well-being of the EMR, medical/legal issues at the scene of an emergency while awaiting a higher level of care.	Applies fundamental knowledge of the EMS system, safety/well-being of the EMT, medical/legal and ethical issues to the provision of emergency care.	Applies fundamental knowledge of the EMS system, safety/well-being of the AEMT, medical/legal and ethical issues to the provision of emergency care.	Integrates comprehensive knowledge of EMS systems, the safety/well-being of the paramedic, and medical/legal and ethical issues which is intended to improve the health of EMS personnel, patients, and the community.
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Research	Simple depth, simple breadth • Impact of research on EMR care • Data collection	EMR Material PLUS: Simple depth, simple breadth • Evidence-based decision making	Same as Previous Level	AEMT Material PLUS: Fundamental depth, foundational breadth • Research principles to interpret literature and advocate evidence-based practice



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UPDATE FOR ALL LICENSED EMS INSTRUCTORS

Preparatory Research

EMR Education Standard

Uses simple knowledge of the EMS system, safety/well-being of the EMR, medical/legal issues at the scene of an emergency while awaiting a higher level of care.

EMR-Level Instructional Guideline

- I. Impact of Research on EMR Care
 - A. Research Findings Are Important to Identify What Should Be Changed in EMS Assessment and Management and to Improve Patient Care and Outcome (i.e. CPR guidelines change based on current research)
 - B. Quality Assurance Research For An EMS System Can Improve Service Delivery
 - C. Data Collection



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UPDATE FOR ALL LICENSED EMS INSTRUCTORS

Preparatory Research

EMT Education Standard

Applies fundamental knowledge of the EMS system, safety/well-being of the EMT, and medical/legal and ethical issues to the provision of emergency care.

EMT-Level Instructional Guideline

The EMT Instructional Guidelines in this section include all the topics and material at the EMR level plus the following material:

- I. Evidence-Based Decision-Making
 - A. Traditional Medical Practice Is Based on
 1. Medical knowledge
 2. Intuition
 3. Judgment
 - B. High-Quality Patient Care Should Focus on Procedures Proven Useful in Improving Patient Outcomes
 - C. The Challenge for EMS is the Relative Lack of Prehospital Research
 - D. Evidence-Based Decision-Making Technique
 1. Formulate a question about appropriate treatments
 2. Search medical literature for related research
 3. Appraise evidence for validity and reliability
 4. If evidence supports a change in practice, adopt the new therapy allowing for unique patient needs



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UPDATE FOR ALL LICENSED EMS INSTRUCTORS

Preparatory Research

AEMT Education Standard

Applies fundamental knowledge of the EMS system, safety/well-being of the AEMT, medical/legal and ethical issues to the provision of emergency care.

AEMT-Level Instructional Guideline

The AEMT Instructional Guidelines in this section include all the topics and material at the EMT level.



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UPDATE FOR ALL LICENSED EMS INSTRUCTORS

Preparatory Research

Paramedic Education Standard

Integrates comprehensive knowledge of EMS systems, safety/well being of the paramedic, and medical/legal and ethical issues, which are intended to improve the health of EMS personnel, patients, and the community.

Paramedic-Level Instructional Guideline

The Paramedic Instructional Guidelines in this section include all the topics and material at the AEMT level, PLUS the following material:

- I. Research Principles to Interpret Literature and Advocate Evidence-Based Practice
 - A. Introduction to Research
 1. Overview of research methodology
 2. Peer reviewed versus other publications
 3. Critically reviewing research articles
 4. Conceptual framework
 5. Limitations of research
 - B. Importance of Research in EMS
 1. Outcomes-based research
 2. New procedures, medications, and treatments
 3. Quality assurance
 4. Improved patient outcomes
 5. Professionalism
 6. Evidence-based medicine



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Preparatory Research

- C. Types of Research
 1. Quantitative
 - a. Experimental
 - b. Non-experimental
 - c. Survey research
 2. Qualitative
 - a. Characteristics
 - b. Data collection methods
 - c. Types of qualitative research
 - d. Data analysis
 - i. Summarizing
 - ii. Interpreting
- D. Ethical Considerations in Research
 1. Human research subject protection
 - a. Uncoerced and voluntary participation
 - b. Subjects must be fully informed of the risks and benefits

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- c. Subjects must consent to participation
- d. Subjects have the right to withdraw at anytime
- 2. Role of the Institutional Review Board (IRB)
- 3. Conflicts of interest
- 4. Accurate data reporting
- 5. Office of Human Research Protections
- 6. Food and Drug Administration
- E. Literature Review
 - 1. Role in research
 - 2. Reference sources
 - a. Peer reviewed literature
 - b. Government sources
 - c. Online literature search engines
- F. Statistics
 - 1. Descriptive statistics
 - 2. Inferential statistics
 - 3. Sampling
 - a. Population
 - b. Parameter
 - c. Sample
 - d. Polling
 - e. Sampling error
 - 4. Statistical significance



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- G. Relating Research to EMS
 - 1. National EMS Research Agenda
 - 2. Developing researchers
 - 3. Higher education institutions
 - 4. Research domains
 - a. Clinical
 - b. Systems
 - c. Education
 - 5. Evidence-based research
 - a. Research into practice
 - 6. Clinical studies
 - a. Improvement in patient outcomes
 - 7. Educational studies
 - 8. Collaborative efforts
 - 9. Funding
 - a. Public funding
 - b. Corporate support
 - c. Foundation support
 - d. Federal Government
 - 10. Advancement of profession
 - 11. Research consortia



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- 12. Patient databases/data collection
 - a. Hospitals
 - b. EMS agencies
 - c. Linking data
- 13. Joining with hospitals
- 14. Regulatory issues
 - a. Waiver of informed consent in emergency circumstances
 - b. Health Insurance Portability and Accountability Act
 - c. National assurance program
- 15. Establishing a research agenda/adherence to research agenda
- H. Evidence-based decision making
 - 1. Traditional medical practice is based on
 - a. Medical knowledge
 - b. Intuition
 - c. Judgment
 - 2. High-quality patient care should focus on procedures proven useful in improving patient outcomes
 - 3. The challenge for EMS is the relative lack of prehospital research.
 - 4. Evidence-based decision making technique
 - a. Formulate a question about appropriate treatments
 - b. Search medical literature for related research
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UPDATE FOR ALL LICENSED EMS INSTRUCTORS

EMR INITIAL EDUCATION



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UPDATE FOR ALL LICENSED EMS INSTRUCTORS

EMR - Entrance Requirements

- Non – licensed provider level
- If registered with OEMST, must meet Education Standards and be taught by a minimum of a Level I Instructor



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UPDATE FOR ALL LICENSED EMS INSTRUCTORS

EMR - Clinical Requirements

- No Clinical Requirements



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UPDATE FOR ALL LICENSED EMS INSTRUCTORS

EMR - Program Length

- 60 – 75 hours
 - Didactic
 - Skills Lab



UPDATE FOR ALL LICENSED EMS INSTRUCTORS

EMT INITIAL EDUCATION



UPDATE FOR ALL LICENSED EMS INSTRUCTORS

NOTE

- Since the EMT Education Standards build upon those of the EMR, EMR standards must be covered as well



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EMT - Entrance Requirements

- HS graduate
- 18 years old (by the time licensure applied for)
- EMR not required



UPDATE FOR ALL LICENSED EMS INSTRUCTORS

EMT - Clinical Requirements

- *EMT-Basic was 8 hours and multiple skills*
- This document lists the clinical requirements for an EMT student attending an approved EMT initial education program in Georgia. All clinical/field hours and skills must be completed during a scheduled clinical/field shift with the EMS program, and may NOT occur while the student is working as a required member of an ambulance or is a paid staff member at a clinical site.



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EMT - Clinical Requirements

- EMT students must perform a minimum of 16 hours of clinical/field experience.
 - The hours must be completed in any combination of the following areas:
 - Required Areas:
 - EMS
 - Optional Areas:
 - Emergency Room
 - Clinic
 - Nursing home
 - Doctor's Office
 - Other areas as approved by the medical director and program director.
 - EMS clinical requires that the EMT student and EMT preceptor be in attendance of the patient during treatment AND transport. (i.e. the EMT preceptor must be in the patient compartment with the EMT student during the transport)
 - Students should observe emergency department operations for a period of time sufficient to gain an appreciation for the continuum of care.



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EMT - Clinical Requirements

- EMT students must perform ten (10) **patient assessments**. These can be performed in an emergency department, ambulance, clinic, nursing home, doctor's office, or other healthcare setting.
 - The student must participate in and document 5 (of the 10 required) **patient contacts in a field experience** approved by the medical director and program director.



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EMT Preceptors

- Field: (minimum 2 years experience)
 - EMT (not EMT-Basic)
 - EMT-Intermediate/1985
 - AEMT
 - Cardiac Technician
 - EMT-Paramedic or Paramedic
- Clinical:
 - Any of the above
 - RN/MD/PA/etc.



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EMT - Program Length

- EMT-Basic was 124 hours didactic/lab with specific hours requirements for each section – 132 (includes clinical)
- New course length is based on competency, not hours
- EMT ~ 250 hours (60 from EMR material, 190 from EMT) to cover material – includes lecture/lab/clinical



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AEMT INITIAL EDUCATION



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AEMT - Entrance Requirements

- Either:
 - Licensed/Certified EMT-Basic (GA, NREMT, another state) with the GA EMT-Basic to EMT upgrade **OR**
 - Licensed/Certified EMT (GA, NREMT, another state) **OR**
 - EMT student who has completed the EMT courses and taken a program summative written/practical



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UPDATE FOR ALL LICENSED EMS INSTRUCTORS

AEMT - Clinical Requirements

- EMT-Intermediate/1985 was 16 clinical hours and 5 IVs
- This document lists the clinical requirements for an AEMT student attending an approved AEMT initial education program in Georgia. All clinical/field/leadership hours and skills must be completed during a scheduled clinical/field shift with the EMS program, and may NOT occur while the student is working as a required member of an ambulance or is a paid staff member at a clinical site.



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UPDATE FOR ALL LICENSED EMS INSTRUCTORS

AEMT - Clinical Requirements

- *NOTE: This is for the AEMT portion only – if a program provides an EMT/AEMT combined program, then both sets of clinical requirements must be met, and hours/skills/assessments may not count twice. See also R-T-11-EMT-C EMT Clinical Requirements.*



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UPDATE FOR ALL LICENSED EMS INSTRUCTORS

AEMT - Clinical Requirements

- AEMT students must perform a minimum of 32 hours of clinical/field experience.
 - The hours must be completed in any combination of the following areas:
 - Required Areas:
 - EMS
 - Optional Areas:
 - Emergency Room
 - Clinic
 - Nursing home
 - Doctor's Office
 - Other areas as approved by the medical director and program director.
 - EMS clinical requires that the AEMT student and AEMT preceptor be in attendance of the patient during treatment AND transport. (i.e. the AEMT preceptor must be in the patient compartment with the AEMT student during the transport)



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UPDATE FOR ALL LICENSED EMS INSTRUCTORS

AEMT - Clinical Requirements

- AEMT students must perform the following skills/assessments. These can be performed in an emergency department, ambulance, clinic, nursing home, doctor's office, or other healthcare setting.
 - **Airway/Breathing Skills**
 - The student should demonstrate the ability to effectively ventilate an intubated patient of any age group (the student should effectively, and while performing all steps of each procedure, ventilate at least 1 live human).
 - **Pharmacological Intervention Skills**
 - The student must demonstrate the ability to safely administer medications other than oxygen, but within the Georgia AEMT Scope of Practice (the student should safely, and while performing all steps of each procedure, properly administer medications at least 10 times to live humans).



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UPDATE FOR ALL LICENSED EMS INSTRUCTORS

AEMT - Clinical Requirements

- **Pharmacological Intervention Skills**
 - The student must demonstrate the ability to safely gain vascular access (the student should safely, and while performing all steps of each procedure, successfully access the venous circulation at least 10 times on live humans of various age groups).
- **Assessment of Various Age Groups**
 - The student must demonstrate the ability to perform an adequate assessment on live humans, to include a minimum of the following:
 - 5 pediatrics (0-17 years)
 - 5 adults (18-64 years)
 - 5 geriatrics (65+ years)



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UPDATE FOR ALL LICENSED EMS INSTRUCTORS

AEMT - Clinical Requirements

- **Assessments and Treatment Plan Formulation for Various Complaints**
 - The student must demonstrate the ability to perform an adequate assessment and formulate and implement a treatment plan for at least one (1) patient with chest pain.
 - The student must demonstrate the ability to perform an adequate assessment and formulate and implement a treatment plan for at least one (1) patient with respiratory distress.
 - The student must demonstrate the ability to perform an adequate assessment and formulate and implement a treatment plan for at least one (1) patient with altered mental status.



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UPDATE FOR ALL LICENSED EMS INSTRUCTORS

AEMT - Clinical Requirements

- **Team Leadership**
 - The student must participate in and document team leadership in a field experience (approved by the medical director and program director) at least once.



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UPDATE FOR ALL LICENSED EMS INSTRUCTORS

AEMT Preceptors

- Field: (minimum 2 years experience)
 - AEMT
 - Cardiac Technician
 - EMT-Paramedic or Paramedic
- Clinical:
 - Any of the above
 - RN/MD/PA/etc.



UPDATE FOR ALL LICENSED EMS INSTRUCTORS

AEMT - Program Length

- EMT-Intermediate/1985 was 52 classroom with lecture/lab
- AEMT estimated at 150-250 hours (including lecture/lab/clinical)



UPDATE FOR ALL LICENSED EMS INSTRUCTORS

NRAEMT exam

- First tests will be linear
 - 150 items (fixed length linear)
 - Maximum 2 ½ hours
 - Covers:
 - Airway, Respiration & Ventilation*
 - Cardiology & Resuscitation*
 - Trauma*
 - Medical & OB/Gyn*
 - EMS Operations

* Content to include 85% Adult/Geriatrics and 15% Pediatrics



UPDATE FOR ALL LICENSED EMS INSTRUCTORS

NRAEMT Exam

- Number of attempts within two (2) years from date of course completion:
 - 3 attempts
 - 36 hour review to be eligible for 4th attempt
 - 3 additional attempts
 - 14 day wait between attempts
 - Complete another entire AEMT course after 6th attempt



UPDATE FOR ALL LICENSED EMS INSTRUCTORS

NRAEMT Psychomotor Exam

- 10 skills:
 1. Patient Assessment – Trauma
 2. Patient Assessment – Medical
 3. Airway, Ventilation and Oxygenation of an Apneic Adult Patient (Alternative Airway Device)
 4. Airway, Ventilation and Oxygenation of an Infant/Child in Respiratory Distress/Failure
 5. Cardiac Arrest Management/AED (not required until 1/1/2013)



UPDATE FOR ALL LICENSED EMS INSTRUCTORS

NRAEMT Psychomotor Exam

- 10 skills continued
 6. IV and Medications – IV therapy
 7. IV and Medications – IV bolus medications
 8. Pediatric IO (manual or electric, drill-type devices)
 9. Spinal Immobilization (supine patient)
 10. Random EMT Skills Verification (test 1 of the following):
 - Spinal Immobilization (seated)
 - Long Bone immobilization
 - Joint immobilization
 - Bleeding Control/Shock Management



UPDATE FOR ALL LICENSED EMS INSTRUCTORS

NRAEMT Psychomotor Exam

- Candidates are eligible to retest four (4) or less skills when taking a full attempt.
- Candidates are eligible for two (2) retest attempts of the four (4) or less skills failed for no more than twelve (12) months from the date of the examination.
- If offered, only one (1) retest attempt may be completed on the same day.

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UPDATE FOR ALL LICENSED EMS INSTRUCTORS

NRAEMT Psychomotor Exam

- Failure of any skill on the second retest attempt constitutes failure of the entire psychomotor examination.
- Candidates who fail five (5) or more skills have failed the entire psychomotor examination.
- Candidates who fail the entire psychomotor examination must get remedial training before attempting all 10 stations on their second and final attempt.

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UPDATE FOR ALL LICENSED EMS INSTRUCTORS

PARAMEDIC INITIAL EDUCATION

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UPDATE FOR ALL LICENSED EMS INSTRUCTORS

PMDC - Entrance Requirements

- EITHER:
 - Licensed/Certified EMT-Intermediate/1985 (GA, NREMT, another state) with the GA EMT-Intermediate/1985 to AEMT upgrade **OR**
 - Licensed/Certified AEMT (GA, NREMT, another state)

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UPDATE FOR ALL LICENSED EMS INSTRUCTORS

PMDC - Clinical Requirements

- Current EMT-Paramedic:

Clinical Rotation	
Operating Room	8
Critical Care	16
Pediatrics	16
Labor/Delivery	16
Psychiatric	8
Emergency Room	120
EMS	120
Flex	16
Total Clinical Hours	320

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UPDATE FOR ALL LICENSED EMS INSTRUCTORS

PMDC - Clinical Requirements

- This document lists the clinical and leadership requirements for a Paramedic student attending an approved Paramedic initial education program in Georgia. **All clinical/field/leadership hours and skills must be completed during a scheduled clinical/field shift with the EMS program, and may not occur while the student is working as a required member of an ambulance or is a paid staff member at a clinical site.**

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UPDATE FOR ALL LICENSED EMS INSTRUCTORS

PMDC - Clinical Requirements

- Paramedic students must perform a minimum of **300 hours** clinical/field experience
 - The hours must be completed in any combination of the following areas:
 - Required Areas:**
 - EMS
 - Optional Areas:**
 - Emergency Room
 - Critical/Intensive Care
 - Operating Room
 - Labor/Delivery
 - Pediatrics
 - Psychiatric
 - Nursing Home
 - Clinic
 - Doctor's Office
 - Other areas as approved by the medical director and program director.
 - EMS clinical requires that the paramedic student and paramedic preceptor be in attendance of the patient during treatment AND transport. (i.e. the paramedic preceptor must be in the patient compartment with the paramedic student during the transport)

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UPDATE FOR ALL LICENSED EMS INSTRUCTORS

PMDC - Clinical Requirements

- Paramedic students must perform a minimum of **48 hours of a field internship experience** (Prehospital ALS Team Leadership) (these are in addition to the hours under [1a] above).
 - The clinical/field experience hours requirements under [1a] above must be completed prior to beginning the field internship.
 - The field internship site/preceptor must be approved by the medical director and program director.
 - The student must act as the team leader on a minimum of twenty (20) EMS responses during the field internship. (successful??)

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UPDATE FOR ALL LICENSED EMS INSTRUCTORS

PMDC - Clinical Requirements

- Paramedic students must perform the following skills/assessments. These can be performed in an emergency department, ambulance, clinic, nursing home, doctor's office, or other healthcare setting.
 - Airway/Breathing Skills**
 - The student should demonstrate the ability to effectively ventilate unintubated patients of various age groups (the student should effectively, and while performing all steps of each procedure, ventilate at least 5 live humans).
 - The student must demonstrate the ability to safely perform endotracheal intubation (the student should safely, and while performing all steps of each procedure, successfully intubate at least 5 patients).
 - Patients should be alive or recently expired (Animal laboratory experience may be substituted for human patients).

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UPDATE FOR ALL LICENSED EMS INSTRUCTORS

PMDC - Clinical Requirements

Pharmacological Intervention Skills

- The student must demonstrate the ability to safely administer medications other than oxygen, but within the Georgia Paramedic Scope of Practice (the student should safely, and while performing all steps of each procedure, properly administer medications at least 25 times to live humans).
 - At least one (1) medication administration must be via the Subcutaneous route.
 - At least one (1) medication administration must be via the Intramuscular route.
 - At least one (1) medication administration must be given as an IV Bolus (other than crystalloid flushes).
- The student must demonstrate the ability to safely gain vascular access (the student should safely, and while performing all steps of each procedure, successfully access the venous circulation at least 25 times on live humans of various age groups).

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UPDATE FOR ALL LICENSED EMS INSTRUCTORS

PMDC - Clinical Requirements

Assessment of Various Age Groups

- The student must demonstrate the ability to perform a comprehensive pediatric (ages 0-17 years) assessment on at least 10 live humans, including at least one (1) comprehensive patient assessment for each of the following age ranges:
 - Newborn (0-1 month)
 - Infant (1 month-under 1 year)
 - Toddler (1-3 years)
 - Preschooler (4-5 years)
 - School-age child (6-12 years)
 - Adolescent (13-17 years)
- The student should perform a comprehensive patient assessment on at least 20 adults (18-64 years).
- The student should perform a comprehensive patient assessment on at least 10 geriatrics (65+ years).

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UPDATE FOR ALL LICENSED EMS INSTRUCTORS

PMDC - Clinical Requirements

Assessments of Various Pathologies

- The student should perform a comprehensive patient assessment on at least 5 obstetric patients.
- The student should perform a comprehensive patient assessment on at least 20 trauma patients.
- The student should perform a comprehensive patient assessment on at least 5 psychiatric patients.

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UPDATE FOR ALL LICENSED EMS INSTRUCTORS

PMDC - Clinical Requirements

– Assessments and Treatment Plan Formulation for Various Complaints

- The student must demonstrate the ability to perform an adequate assessment and formulate and implement a treatment plan for at least five (5) patients with chest pain.
- The student must demonstrate the ability to perform an adequate assessment and formulate and implement a treatment plan for at least five (5) patients with dyspnea/respiratory distress.
- The student must demonstrate the ability to perform an adequate assessment and formulate and implement a treatment plan for at least five (5) patients with abdominal complaints (for example: abdominal pain, nausea/vomiting, GI bleeding, gynecological complaint, etc.).
- The student must demonstrate the ability to perform an adequate assessment and formulate and implement a treatment plan for at least ten (10) patients with altered mental status (for example: syncope, stroke, seizure, overdose, hypoglycemia, electrolyte imbalance, etc.).



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UPDATE FOR ALL LICENSED EMS INSTRUCTORS

Paramedic Preceptors

- Field: (minimum 2 years experience)
 - EMT-Paramedic or Paramedic
- Clinical:
 - Any of the above
 - RN/MD/PA/etc.



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UPDATE FOR ALL LICENSED EMS INSTRUCTORS

PMDC - Program Length

- Current EMT-Paramedic = 824 including lecture/lab/clinical (504 lecture/lab)
 - Very prescriptive hours requirements
 - Hours did not include Anatomy and Physiology
- Estimated new paramedic is 1100-1200 hours (lecture/lab/clinical) – clinical/leadership is 348
 - Should include Anatomy and Physiology and Medical Terminology (listed in the EMS Education Standards)



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UPDATE FOR ALL LICENSED EMS INSTRUCTORS

NRP Pilot Test

- Switching from 12 station NREMT-Paramedic psychomotor exam to a scenario based
 - In Pilot testing now
 - Will be decided in the next few years



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UPDATE FOR ALL LICENSED EMS INSTRUCTORS

NOTES ON THE DIFFERENCES



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UPDATE FOR ALL LICENSED EMS INSTRUCTORS

Differences

- More academic preparation for each level
- AEMT much bigger than Intermediate/1985
- Competency based vs. Hours based
 - Still have minimum clinical hours, but if objectives not obtained, then will have to add more hours
- Mandatory Leadership runs/time
- No more skills while at work



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UPDATE FOR ALL LICENSED EMS INSTRUCTORS

TEXTBOOKS AVAILABLE



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UPDATE FOR ALL LICENSED EMS INSTRUCTORS

Production Schedule

- From <http://www.nasemso.org/>
– “Anticipated Production Schedules for EMS Textbooks and Materials “



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UPDATE FOR ALL LICENSED EMS INSTRUCTORS

CENGAGE

- **EMR**: available fall 2011
- **EMT**: Published fall 2009, Fundamentals of Basic Emergency Care, 3e. (We are still working on the instructor materials; they should be available late next month.)
- **AEMT**: late 2012 or early 2013 pub date.
- **Paramedic**: fall 2009/spring 2010—Volume I of the three part series published last month, the other two volumes are in various stages of development. Volume II should be out in mid-June. Volume III should be available in the fall. Instructor and student supplements will follow about a month behind the books.



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UPDATE FOR ALL LICENSED EMS INSTRUCTORS

MOSBYJEMS/Elsevier

- **Emergency Medical Responder**—Chapleau: Emergency First Responder: Making the Difference, 2nd edition, published 4/2009
- **EMT**—Henry & Stapleton: EMT Prehospital Care, Revised 4th edition, publishing 3/2011 and Chapleau & Pons: Emergency Medical Technician: Making the Difference, 2nd edition, publishing 9/2011
- **Advanced EMT**—McKenna & Edgerly: Mosby's Advanced EMT Textbook, publishing 9/2011
- **Paramedic**—Aehlert: Paramedic Practice Today, published 9/2009 and Sanders: Mosby's Paramedic Textbook, 4th edition, publishing 4/2011



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UPDATE FOR ALL LICENSED EMS INSTRUCTORS

Jones and Bartlett

- **Emergency Medical Responder**, Fifth Edition, will publish 5/30/10.
- **EMT**, Tenth Edition, will publish 3/15/10 (followed soon after by publication of an impressive suite of student and instructor ancillaries – including an interactive, integrated eBook/Workbook and online course)
- **AEMT** will publish in December 2010. (We actually have it in production now but plan to hold publication until the ILCOR guidelines are released. We'd rather not have our customers switch to a new book, only to need a revised new book a month later.)
- **Paramedic** will publish in early 2011.



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UPDATE FOR ALL LICENSED EMS INSTRUCTORS

Pearson (Brady)

- **EMR**- January 2010
- **EMT**-- Prehospital Emergency Care, Ninth Edition, October 2009
- **AEMT**- Spring 2011
- **Paramedic**-- Essentials of Paramedic Care Update, May 2010
- Spring 2011: First Responder 9
- Spring 2011: Emergency Care for First Responders
- Spring 2011: Emergency Care 12
- Spring 2011: Comprehensive Paramedic Care



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UPDATE FOR ALL LICENSED EMS INSTRUCTORS

POLICY CHANGES & OEMST NEW DOCUMENTS



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UPDATE FOR ALL LICENSED EMS INSTRUCTORS

OEMST Proposed Documents

- **General Policies:**
 - T-11 Georgia EMS Education Standards (2011)
 - R-T-11-A Minimum Equipment Required for Initial Education Programs
- **EMR Specific:**
 - R-T-11-EMR-A EMR Education Standards
 - R-T-11-EMR-B EMR Instructional Guidelines
 - R-T-11-EMR-C Minimum Equipment Required for an EMR Initial Education Program
- **EMT Specific:**
 - R-T-11-EMT-A EMT Education Standards
 - R-T-11-EMT-B EMT Instructional Guidelines
 - R-T-11-EMT-C EMT Clinical Requirements
 - R-T-11-EMT-D Minimum Equipment Required for an EMT Initial Education Program



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UPDATE FOR ALL LICENSED EMS INSTRUCTORS

OEMST Proposed Documents

- **AEMT Specific:**
 - R-T-11-AEMT-A AEMT Education Standards
 - R-T-11-AEMT-B AEMT Instructional Guidelines
 - R-T-11-AEMT-C AEMT Clinical Requirements
 - R-T-11-AEMT-D Minimum Equipment Required for an AEMT Initial Education Program
- **Paramedic Specific:**
 - R-T-11-PMDC-A Paramedic Education Standards
 - R-T-11-PMDC-B Paramedic Instructional Guidelines
 - R-T-11-PMDC-C Paramedic Clinical Requirements
 - R-T-11-PMDC-D Minimum Equipment Required for a Paramedic Initial Education Program



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UPDATE FOR ALL LICENSED EMS INSTRUCTORS

Policy Changes

- 51% rule is going to be taken out
 - Still can't have more than 25% of course taught by non-licensed instructor
- Course approvals will eventually transition to program/curriculum approvals with course notifications
 - Substantive changes need to be reported



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UPDATE FOR ALL LICENSED EMS INSTRUCTORS

Accreditation

- Required to have submitted self-study by 12/31/2012 for Paramedic programs
- ~120 site visits this year alone (so far that is how many...others are added as self studies come in)



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UPDATE FOR ALL LICENSED EMS INSTRUCTORS

WHAT DO I NEED TO DO NOW?



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UPDATE FOR ALL LICENSED EMS INSTRUCTORS

So What Do I Do Now?

- Sign up for an EMS Classroom account at www.ems.ga.gov
- Take the written exam for the Instructor Update



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UPDATE FOR ALL LICENSED EMS INSTRUCTORS

Get Your Curriculum Ready

- Review Education Standards
- Review Instructional Guidelines
- Review textbooks
- Review publisher instructor resources
- Review/Re-do your lesson plans
- Update your clinical documentation
- Update your medical director



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UPDATE FOR ALL LICENSED EMS INSTRUCTORS

QUESTIONS?



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